DURATION LIMIT WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA

DRUG CLASS IMMEDIATE-RELEASE OPIOID ANALGESICS (BRAND AND GENERIC)

Prior authorization applies only to patients ≤ 19 years of age.

generic name, dosage form

(codeine sulfate oral solution, tablets)

(hydromorphone hydrochloride oral solution, suppositories, tablets)

(levorphanol tartrate tablets)

(meperidine hydrochloride oral solution, tablets)

(morphine sulfate oral soln, oral soln concentrate, suppositories, tablets)

(oxycodone hydrochloride capsules, oral soln, oral soln concentrate, tabs)

(oxymorphone hydrochloride tablets)

(pentazocine/naloxone tablets)

(tapentadol oral solution, tablets)

(tramadol hydrochloride tablets)

Status: CVS Caremark Criteria**
Type: Initial Step; Duration Limit; Initial Limit; Post Limit PA

***Opioids ER - Step Therapy with MME Limit and Post Limit 2219-M will be implemented for patients ≤ 19 years of age to ensure that these patients will not receive an extended-release opioid if opioid naïve. Any existing Utilization Management opioid programs will remain unchanged for patients 20 years of age or older.*

POLICY

FDA-APPROVED INDICATIONS
Codeine Sulfate
Oral Solution
Codeine sulfate oral solution is an opioid analgesic indicated for the management of mild to moderately severe pain where the use of an opioid analgesic is appropriate.
Tablets

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Codeine sulfate tablets are indicated for the management of mild to moderate pain, where treatment with an opioid is appropriate and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve codeine sulfate tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Hydromorphone Hydrochloride

Oral Solution, Tablets

Hydromorphone hydrochloride oral solution and hydromorphone hydrochloride tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve hydromorphone hydrochloride oral solution and hydromorphone hydrochloride tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Suppositories

Hydromorphone hydrochloride is indicated for the relief of moderate to severe pain such as that due to: Surgery, Trauma (soft tissue and bone), Burns, Cancer, Biliary Colic, Myocardial Infarction, Renal Colic.

Levorphanol Tartrate

Levorphanol Tartrate tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve levorphanol tartrate tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Meperidine Hydrochloride

Oral Solution, Tablets

Meperidine hydrochloride oral solution and tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve meperidine hydrochloride oral solution and tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Meperidine hydrochloride oral solution and tablets should not be used for treatment of chronic pain. Prolonged meperidine use may increase the risk of toxicity (e.g., seizures) from the accumulation of the meperidine metabolite, normeperidine.

Morphine Sulfate

Oral Solution

Morphine sulfate oral solution 10 mg per 5 mL and 20 mg per 5 mL are formulations of morphine, an opioid agonist, indicated for the relief of moderate to severe acute and chronic pain where use of an opioid analgesic is appropriate. Morphine sulfate oral solution 100 mg per 5 mL (20 mg/mL) is an opioid analgesic indicated for the relief of moderate to severe acute and chronic pain in opioid-tolerant patients.

Suppositories

Morphine suppositories are indicated for the relief of severe chronic pain and severe acute pain.

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Tablets
Morphine sulfate tablets and suppositories are indicated for the management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
Limitations of Use
Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve morphine sulfate tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Nucynta (tapentadol)
Oral Solution and Tablets
Nucynta (tapentadol) oral solution and tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate in adults.
Limitations of Use
Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Nucynta (tapentadol) oral solution and tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Oxaydo (oxycodone hydrochloride)
Oxaydo (oxycodone hydrochloride) is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
Limitations of Use
Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Oxaydo (oxycodone hydrochloride) for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Oxycodone Hydrochloride
Capsules, Oral Concentrate, Oral Solution and Tablets
Oxycodone hydrochloride capsules, oral concentrate, oral solution and tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
Limitations of Use
Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve oxycodone hydrochloride capsules, oral concentrate, oral solution, and tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Oxymorphone Hydrochloride
Oxymorphone hydrochloride tablets are indicated for the management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
Limitations of Use
Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve oxymorphone hydrochloride tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Pentazocine/Naloxone
Pentazocine and naloxone tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
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Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve pentazocine and naloxone tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

RoxyBond (oxycodone hydrochloride)

RoxyBond (oxycodone hydrochloride) is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve RoxyBond (oxycodone hydrochloride) for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Ultram (tramadol)

Ultram (tramadol) is indicated for the management of pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Ultram (tramadol) for use in patients for whom alternative treatment options (e.g., non-opioid analgesics):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

PROGRAM DESCRIPTION**

Neither acute pain duration limits nor quantity limits apply if the patient is ≤ 19 years of age and has a drug in claims history in the past year that indicates the patient is being treated for cancer or sickle cell disease. In addition, neither acute pain duration limits nor quantity limits will apply if a prescription claim is submitted with an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care, if the patient has an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care in their member health profile in the past 365 days, or if a prescription claim is submitted using a hospice patient residence code.

Acute Pain Duration Limit*

If a patient is ≤ 19 years of age and has filled a prescription for at least a 7-day supply of an opioid agent indicated for the management of pain (immediate- or extended-release) within prescription claim history in the past 90 days, then the immediate-release opioid will adjudicate for up to the initial quantity limit.

If the patient is ≤ 19 years of age and does not have at least a 7-day supply of an opioid agent indicated for the management of pain (immediate- or extended-release) within prescription claim history in the past 90 days, then coverage is provided for up to a 3-day supply of the immediate-release opioid. Prior authorization review is required to determine coverage for a quantity necessary for treatment beyond 3 days. For patients ≤ 19 years of age with no prescription claims of a cancer drug or a sickle cell disease drug in the past 365 days, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care submitted with their prescription claim, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care in the member health profile in the past 365 days, or no hospice patient residence code submitted with their prescription claim who are identified through the prior authorization criteria as having cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care, acute pain duration limits will not apply.

Quantity Limit/Post Limit

Plans implementing morphine milligram equivalent (MME)-based quantity limits on immediate-release opioids are providing coverage for an initial amount of a monthly quantity that corresponds to 90 MME or less per day. Coverage is

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provided for up to the initial quantity limit per Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below.

Prior authorization review is required to determine coverage for additional quantities above the initial limit.

Post limit quantities are set not to exceed a monthly quantity that corresponds to 200 MME/day. For patients ≤ 19 years of age with no prescription claims of a cancer drug or a sickle cell disease drug in the past 365 days, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care submitted with their prescription claim, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care in the member health profile in the past 365 days, or no hospice patient residence code submitted with their prescription claim who are identified through the prior authorization criteria as having cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care, post limit quantities will not apply.

**Acute Pain Duration Limit logic will apply first, followed by initial quantity limit logic.*

***Opioids ER - Step Therapy with MME Limit and Post Limit 2219-M will be implemented for patients ≤ 19 years of age to ensure that these patients will not receive an extended-release opioid if opioid naïve. Any existing Utilization Management opioid programs will remain unchanged for patients 20 years of age or older.*

INITIAL STEP THERAPY

If the patient is ≤ 19 years of age and has filled a prescription for at least a 1-day supply of a drug indicating the patient is being treated for cancer or sickle cell disease within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

If a claim is submitted with an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

If the patient has an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care in their member health profile in the past 365 days, then the requested drug will be paid under that prescription benefit.

If a claim is submitted using a hospice patient residence code under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

For patients ≤ 19 years of age with no prescription claims of a cancer drug or a sickle cell disease drug in the past 365 days, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care submitted with their prescription claim, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care in the member health profile in the past 365 days, or no hospice patient residence code submitted with their prescription claim:

If the patient is ≤ 19 years of age and has filled a prescription for at least a 7-day supply of an opioid agent indicated for the management of pain (immediate- or extended-release) within prescription claim history in the past 90 days under a prescription benefit administered by CVS Caremark, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below).

If the patient is ≤ 19 years of age and does not have at least a 7-day supply of an opioid agent indicated for the management of pain (immediate- or extended-release) within prescription claim history in the past 90 days and the incoming prescription drug is being filled for more than a 3-day supply, then the claim will reject with a message indicating that the patient can receive a 3-day supply or submit a prior authorization (PA) for additional quantities. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit. If the incoming prescription drug is being filled for less than a 3-day supply, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below).

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LIMIT CRITERIA**

Neither acute pain duration limits nor quantity limits apply if the patient is ≤ 19 years of age and has a drug in claims history in the past year that indicates the patient is being treated for cancer or sickle cell disease. In addition, neither acute pain duration limits nor quantity limits will apply if a prescription claim is submitted with an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care, if the patient has an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care in their member health profile in the past 365 days, or if a prescription claim is submitted using a hospice patient residence code.

ACUTE PAIN DURATION LIMIT*:

The acute pain duration limit portion of this program applies to patients ≤ 19 years of age and are identified with potential first fills of immediate-release opioid prescriptions for the treatment of non-cancer, non-sickle cell, and non-palliative care related pain. A first fill is defined as at least a 7-day supply of an opioid agent indicated for the management of pain (immediate- or extended-release) within prescription claim history during the past 90 days.

If the patient is ≤ 19 years of age and does not have at least a 7-day supply of an opioid agent indicated for the management of pain (immediate- or extended-release) within prescription claim history in the past 90 days and the incoming prescription drug is being filled for more than a 3-day supply, then the claim will reject with a message indicating that the patient can receive a 3-day supply or submit a prior authorization (PA) for additional quantities. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit. If the incoming prescription drug is being filled for less than a 3-day supply, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below).

INITIAL QUANTITY LIMIT:

Morphine milligram equivalent (MME) quantity limits for immediate-release opioids provide coverage for an initial amount of a monthly quantity that corresponds to 90 MME or less per day. Coverage is provided for up to the initial quantity limit per Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below. Prior authorization review is required to determine coverage for additional quantities above the initial limit.

**Acute Pain Duration Limit logic will apply first, followed by initial quantity limit logic.*

***Opioids ER - Step Therapy with MME Limit and Post Limit 2219-M will be implemented for patients ≤ 19 years of age to ensure that these patients will not receive an extended-release opioid if opioid naïve. Any existing Utilization Management opioid programs will remain unchanged for patients 20 years of age or older.*

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for pain associated with cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care

OR

- The patient can safely take the requested dose based on their history of opioid use. [Note: The lowest effective dosage should be prescribed for opioid naïve patients.]
  AND
- The patient has been evaluated and the patient will be monitored regularly for the development of opioid use disorder
  AND
  - The requested drug is being prescribed for moderate to severe CHRONIC pain where use of an opioid analgesic is appropriate. [Note: Chronic pain is generally defined as pain that typically lasts greater than 3 months.]
    AND

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- The patient's pain will be reassessed in the first month after the initial prescription or any dose increase AND every 3 months thereafter to ensure that clinically meaningful improvement in pain and function outweigh risks to patient safety

OR

- The patient requires extended treatment beyond 3 days for moderate to severe ACUTE pain where use of an opioid analgesic is appropriate

Quantity Limits may apply.

Opioid Analgesics IR Quantity Limits Chart

Coverage is provided without prior authorization (for patients not identified as potential first fills) for a 30-day or 90-day supply of an immediate-release opioid for a quantity that corresponds to ≤ 90 MME/day. Coverage for quantities that correspond to ≤ 200 MME/day for a 30-day or 90-day supply is provided through prior authorization when criteria for approval are met.

These quantity limits should accumulate across all drugs of the same unit limit (i.e., drugs with 30 units accumulate together, drugs with 60 units accumulate together, etc).

		COLUMN A	COLUMN B	COLUMN C	COLUMN D
Drug/Strength**	**Labeled Dosing**	**Initial 1 Month Limit* ≤ 90 MME/day (per 25 days)**	**Initial 3 Month Limit* ≤ 90 MME/day (per 75 days)**	**Post 1 Month Limit* ≤ 200 MME/day (per 25 days)**	**Post 3 Month Limit* ≤ 200 MME/day (per 75 days)**
Codeine sulfate oral soln 30 mg/5 mL	15 to 60 mg (2.5 mL to 10 mL) q4h. Max Daily Dose 360 mg.	210 mL‡ (27 MME/day)	210 mL‡ (27 MME/day)	840 mL‡ (54 MME/day)	Use Column C
Codeine sulfate tab 15 mg	15 to 60 mg q4h. Max Daily Dose 360 mg.	42 tabs‡ (13.5 MME/day)	42 tabs‡ (13.5 MME/day)	84 tabs‡ (13.5 MME/day)	Use Column C
Codeine sulfate tab 30 mg	15 to 60 mg q4h. Max Daily Dose 360 mg.	42 tabs‡ (27 MME/day)	42 tabs‡ (27 MME/day)	84 tabs‡ (27 MME/day)	Use Column C
Codeine sulfate tab 60 mg	15 to 60 mg q4h. Max Daily Dose 360 mg.	42 tabs‡ (54 MME/day)	42 tabs‡ (54 MME/day)	84 tabs‡ (54 MME/day)	Use Column C
Hydromorphone oral soln 5 mg/5 mL (1 mg/mL)	2.5 mg – 10 mg (2.5 mL to 10 mL) q3-6h	600 mL (80 MME/day)	1800 mL (80 MME/day)	1500 mL (200 MME/day)	4500 mL (200 MME/day)
Hydromorphone supp 3 mg	1 supp q6-8h	120 supps (48 MME/day)	360 supps (48 MME/day)	180 supps (72 MME/day)	540 supps (72 MME/day)
Hydromorphone tab 2 mg	2-4 mg q4-6h	180 tabs (48 MME/day)	540 tabs (48 MME/day)	270 tabs (72 MME/day)	810 tabs (72 MME/day)
Hydromorphone tab 4 mg	2-4 mg q4-6h	150 tabs (80 MME/day)	450 tabs (80 MME/day)	225 tabs (120 MME/day)	675 tabs (120 MME/day)
Hydromorphone tab 8 mg	2-4 mg q4-6h	60 tabs (64 MME/day)	180 tabs (64 MME/day)	90 tabs (96 MME/day)	270 tabs (96 MME/day)
Levorphanol tab 1 mg	1-3 mg q6-8h	120 tabs (44 MME/day)	360 tabs (44 MME/day)	180 tabs (66 MME/day)	540 tabs (66 MME/day)
Levorphanol tab 2 mg	1-3 mg q6-8h	120 tabs (88 MME/day)	360 tabs (88 MME/day)	180 tabs (132 MME/day)	540 tabs (132 MME/day)
Levorphanol tab 3 mg	1-3 mg q6-8h	60 tabs (66 MME/day)	180 tabs (66 MME/day)	180 tabs (198 MME/day)	540 tabs (198 MME/day)
Meperidine oral soln 50 mg/5 mL	50-150 mg (5-15 mL) q3-4h	90 mL**** (30 MME/day)	90 mL**** (30 MME/day)	120 mL**** (30 MME/day)	Use Column C
Meperidine tab 50 mg	50-150 mg q3-4h	18 tabs****	18 tabs****	24 tabs****	Use Column C

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		(30 MME/day)	(30 MME/day)	(30 MME/day)	
Meperidine tab 100 mg	50-150 mg q3-4h	18 tabs**** (60 MME/day)	18 tabs**** (60 MME/day)	24 tabs**** (60 MME/day)	Use Column C
Morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	10-20 mg q4h	135 mL (90 MME/day)	405 mL (90 MME/day)	270 mL (180 MME/day)	810 mL (180 MME/day)
Morphine sulfate oral soln 10 mg/5 mL	10-20 mg q4h	900 mL (60 MME/day)	2700 mL (60 MME/day)	1350 mL (90 MME/day)	4050 mL (90 MME/day)
Morphine sulfate oral soln 20 mg/5 mL	10-20 mg q4h	675 mL (90 MME/day)	2025 mL (90 MME/day)	1350 mL (180 MME/day)	4050 mL (180 MME/day)
Morphine sulfate supp 5 mg	10-20 mg q4h	180 supps (30 MME/day)	540 supps (30 MME/day)	270 supps (45 MME/day)	810 supps (45 MME/day)
Morphine sulfate supp 10 mg	10-20 mg q4h	180 supps (60 MME/day)	540 supps (60 MME/day)	270 supps (90 MME/day)	810 supps (90 MME/day)
Morphine sulfate supp 20 mg	10-20 mg q4h	120 supps (80 MME/day)	360 supps (80 MME/day)	270 supps (180 MME/day)	810 supps (180 MME/day)
Morphine sulfate supp 30 mg	10-20 mg q4h	90 supps (90 MME/day)	270 supps (90 MME/day)	180 supps (180 MME/day)	540 supps (180 MME/day)
Morphine sulfate tab 15 mg	15-30 mg q4h	180 tabs (90 MME/day)	540 tabs (90 MME/day)	270 tabs (135 MME/day)	810 tabs (135 MME/day)
Morphine sulfate tab 30 mg	15-30 mg q4h	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Oxycodone cap 5 mg	5-15 mg q4-6h	180 caps (45 MME/day)	540 caps (45 MME/day)	270 caps (67.5 MME/day)	810 caps (67.5 MME/day)
Oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	5-15 mg q4-6h	90 mL (90 MME/day)	270 mL (90 MME/day)	180 mL (180 MME/day)	540 mL (180 MME/day)
Oxycodone soln 5 mg/5 mL	5-15 mg q4-6h	900 mL (45 MME/day)	2700 mL (45 MME/day)	2700 mL (135 MME/day)	8100 mL (135 MME/day)
Oxaydo 5 mg	5-15 mg q4-6h	180 tabs (45 MME/day)	540 tabs (45 MME/day)	270 tabs (67.5 MME/day)	810 tabs (67.5 MME/day)
Oxaydo 7.5 mg	5-15 mg q4-6h	180 tabs (67.5 MME/day)	540 tabs (67.5 MME/day)	270 tabs (101.25 MME/day)	810 tabs (101.25 MME/day)
Oxycodone tab 5 mg	5-15 mg q4-6h	180 tabs (45 MME/day)	540 tabs (45 MME/day)	270 tabs (67.5 MME/day)	810 tabs (67.5 MME/day)
Oxycodone tab 10 mg	5-15 mg q4-6h	180 tabs (90 MME/day)	540 tabs (90 MME/day)	270 tabs (135 MME/day)	810 tabs (135 MME/day)
Oxycodone tab 15 mg	5-15 mg q4-6h	120 tabs (90 MME/day)	360 tabs (90 MME/day)	180 tabs (135 MME/day)	540 tabs (135 MME/day)
Oxycodone tab 20 mg	5-15 mg q4-6h	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Oxycodone tab 30 mg	5-15 mg q4-6h	60 tabs (90 MME/day)	180 tabs (90 MME/day)	120 tabs (180 MME/day)	360 tabs (180 MME/day)
Oxymorphone tab 5 mg	10-20 mg q4-6h	180 tabs (90 MME/day)	540 tabs (90 MME/day)	360 tabs (180 MME/day)	1080 tabs (180 MME/day)
Oxymorphone tab 10 mg	10-20 mg q4-6h	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Pentazocine/naloxone 50/0.5 mg	1-2 tabs q3-4h. Total daily dose should not exceed 12 tablets.	120 tabs*** (74 MME/day)	120 tabs*** (74 MME/day)	300 tabs*** (185 MME/day)	Use Column C
RoxyBond 5 mg	5-15 mg q4-6h	180 tabs (45 MME/day)	540 tabs (45 MME/day)	270 tabs (67.5 MME/day)	810 tabs (67.5 MME/day)
RoxyBond 15 mg	5-15 mg q4-6h	120 tabs (90 MME/day)	360 tabs (90 MME/day)	180 tabs (135 MME/day)	540 tabs (135 MME/day)
RoxyBond 30 mg	5-15 mg q4-6h	60 tabs (90 MME/day)	180 tabs (90 MME/day)	120 tabs (180 MME/day)	360 tabs (180 MME/day)
Tapentadol oral soln	50 mg (2.5 mL) to 100	300 mL	900 mL	700 mL	2100 mL

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20 mg/mL†	mg (5 mL) every 4 to 6 hours. Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	(80 MME/day)	(80 MME/day)	(186.7 MME/day)	(186.7 MME/day)
Tapentadol tab 50 mg	50 mg, 75 mg, or 100 mg every 4 to 6 hours. Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	120 tabs (80 MME/day)	360 tabs (80 MME/day)	240 tabs (160 MME/day)	720 tabs (160 MME/day)
Tapentadol tab 75 mg	50 mg, 75 mg, or 100 mg every 4 to 6 hours. Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Tapentadol tab 100 mg	50 mg, 75 mg, or 100 mg every 4 to 6 hours. Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	60 tabs (80 MME/day)	180 tabs (80 MME/day)	120 tabs (160 MME/day)	360 tabs (160 MME/day)
Tramadol 50 mg	50-100 mg q4-6h, MAX = 400 mg/day	180 tabs (30 MME/day)	540 tabs (30 MME/day)	240 tabs (40 MME/day)	720 tabs (40 MME/day)
Tramadol 100 mg	50-100 mg q4-6h, MAX = 400 mg/day	90 tabs (30 MME/day)	270 tabs (30 MME/day)	120 tabs (40 MME/day)	360 tabs (40 MME/day)

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing. Limits are set up as quantity versus time edits.*

***The limit criteria apply to both brand and generic, if available.*

****This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit.*

*****Due to risk of accumulation, the 30-day and 90-day initial limit allows a quantity that corresponds to a 3-day supply only and the 30-day and 90-day post limit allows a quantity that corresponds to a 4-day supply only.*

†*Available in 100 mL and 200 mL bottles. It is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.*

‡*This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit. The initial quantity limit for codeine will be set at a quantity that corresponds to a one week supply. The post limit quantity will be set at a quantity that corresponds to a two week supply.*

REFERENCES

1. Codeine Sulfate oral solution [package insert]. Columbus, OH: Roxane Laboratories, Inc.; June 2011.
2. Codeine Sulfate tablets [package insert]. Philadelphia, PA: Lannett Company, Inc.; October 2018.
3. Dilaudid oral solution, tablets [package insert]. Coventry, RI: Rhodes Pharmaceuticals L.P.; September 2018.
4. Hydromorphone HCl oral solution, tablets [package insert] Eatontown, NJ: Westward Pharmaceuticals Corp; November 2017.
5. Hydromorphone HCl suppositories [package insert]. Minneaoplis, MN: Perrigo; November 2018.
6. Levorphanol Tartrate [package insert]. Solana Beach, CA: Sentynl Therapeutics, Inc.; September 2018.
7. Meperidine Hydrochloride oral solution, tablets [package insert]. Eatontown, NJ: West-Ward Pharmaceuticals Corp.; September 2017.
8. Morphine Sulfate 10 mg/5 mL, 20 mg/5 mL, 100 mg/5 mL (20 mg/mL) oral solution [package insert]. Bryan, OH: Nostrum Laboratories, Inc.; December 2018.
9. Morphine Sulfate suppositories [package insert]. Minneapolis, MN: Perrigo; November 2018.
10. Morphine Sulfate tablets [package insert]. Eatontown, NJ: West-Ward Pharmaceuticals Corp.; April 2017.
11. Nucynta oral solution [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc; November 2017.

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12. Nucynta tablets [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc; December 2016.
13. Oxaydo [package insert]. Wayne, PA: Egalet US Inc.; September 2018.
14. Oxycodone Hydrochloride tablets [package insert]. Brookhaven, NY: Amneal Pharmaceuticals of NY LLC; October 2018.
15. Oxycodone Hydrochloride capsules [package insert]. Philadelphia, PA: Lannett Company, Inc.; July 2018.
16. Oxycodone Hydrochloride 5 mg/5 mL, 100 mg/5 mL (20 mg/mL) oral solution [package insert]. Newtown, PA: KVK-TECH, Inc.; December 2018.
17. Oxymorphone [package insert]. Newtown, PA: KVK-TECH, Inc.; December 2018.
18. Pentazocine and Naloxone [package insert]. Parsipanny, NJ: Actavis Pharma, Inc; July 2018.
19. RoxyBond [package insert]. Basking Ridge, NJ: Daiichi Sankyo, Inc.; December 2018.
20. Ultram [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc ; September 2018.
21. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed January 2019.
22. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed January 2019.
23. Palliative Care. NCCN Guidelines version 1.2019. Available at: http://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf. Accessed January 2019.
24. Adult Cancer Pain. NCCN Guidelines version 2.2018. Available at: https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf. Accessed January 2019.
25. Chou R, Fanciullo G, Fine P, et al. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain The Journal of Pain 2009;10:113-130.
26. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65:1–49. Available at: http://dx.doi.org/10.15585/mmwr.rr6501e1. Accessed January 2019.
27. Clinical Pharmacology [database online]. Tampa, FL: Elsevier/Gold Standard; http://clinicalpharmacology.com/ [available with subscription]. Accessed March 2019.
28. National Heart, Lung, and Blood Institute. Evidence-Based Management of Sickle Cell Disease: Expert Panel Report, 2014. Available at: https://www.nhlbi.nih.gov/sites/default/files/media/docs/sickle-cell-disease-report%20020816_0.pdf. Accessed March 2019.
29. Gaither, JR, Shabanova V, Leventhal JM. US National Trends in Pediatric Deaths From Prescription and Illicit Opioids, 1999-2016. JAMA Network Open. 2018;1(8):e186558.doi:10.1001/jamanetworkopen.2018.6558.
30. Meich R, Johnston L, O'Malley PM, et al. Prescription Opioids in Adolescence and Future Opioid Misuse. Pediatrics. 2015 Nov;136(5):e1169-77. doi: 10.1542/peds.2015-1364.
31. Tramadol [package insert]. Tampa, FL: Trupharma, LLC; April 2019.

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